



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicant:** Delorme et al.  
**Serial No.:** 09/817,374 **Examiner:** V. Balasubramanian  
**Filed:** March 26, 2001 **Group Art Unit:** 1624  
**Entitled:** INHIBITORS OF HISTONE DEACETYLASE  
**Attorney**  
**Docket No.:** MET-020US1 (1002/021)

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REPLY TO OFFICE ACTION**

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated May 18, 2004 please reconsider the above-referenced patent application in view of the following amendments and remarks.

Applicants gratefully acknowledge that claims 1-4, 6-21, 23-33, 35-37, 42-44 and 47 have been found to be allowable upon amendment to overcome the 35 U.S.C. 112 rejections. Such amendments are made below.

Amendments to the claims begin on Page 2.

Remarks begin on Page 17.



Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)  
Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	<b>Application Number</b>	09/817,374	
	<b>Filing Date</b>	March 26, 2001	
	<b>First Named Inventor</b>	Delmorme et al.	
	<b>Group Art Unit</b>	1653	
	<b>Examiner Name</b>	Balasubramanian, V.	
<b>Total Number of Pages in This Submission</b>	20	<b>Attorney Docket Number</b>	MET-020US1

ENCLOSURES (check all that apply)		
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	* Associate Power of Attorney	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Wayne A. Keown, Ph.D. (Reg. No. 33,923)
Signature	<i>Wayne A. Keown</i>
Date	5/24/04

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail addressed to: Mail Stop Amendment, Commissioner for Patents, Alexandria, VA 22313-1450 on: <input type="text"/>			
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Signature	<i>Laura Labier</i>	Date	5/25/04

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